Oocket Number (Optional)

MCA-499

As a below named inventor, I hereby declare that:

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My residence, post office address and ditizenship are as stated below next to my name.

IMPROVED ELECTRODE.	d sole inventor (if only one na blect matter which is claimed IONIZATION SYSTEM	me is listed below) or an originand for which a patent is soug	nal, first and joint inventor (if plural int on the invention entitled the specification of which
is attached hereto unless the following was filed on July 13, 13, 13, 13, 13, 13, 13, 13, 13, 13,		Application Number or PCT In	nternational Application (if applicable).
I hereby state that I have reviewed amended by any amendment refe	erred to above.		
I acknowledge the duty to disclose I hereby daim foreign priority benderificate, or § 365(a) of any PCT below and have also identified be International application having a	efits under 35 U.S.C. § 119(a Finternational application whit low, by checking the box, any)-(d) or § 365(b) of any foreigr on designated at least one col r foreign application for pat ent	n application(s) for patent or inventor's untry other than the United States, listed or inventor's certificate, or PCT claimed.
Prior Foreign Application(s)	ming date bolow that or me		
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Thereby daim the benefit under 3	5 U.S.C. § 119(e) of any Unit	ed States provisional applicati	on(s) listed below.
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